

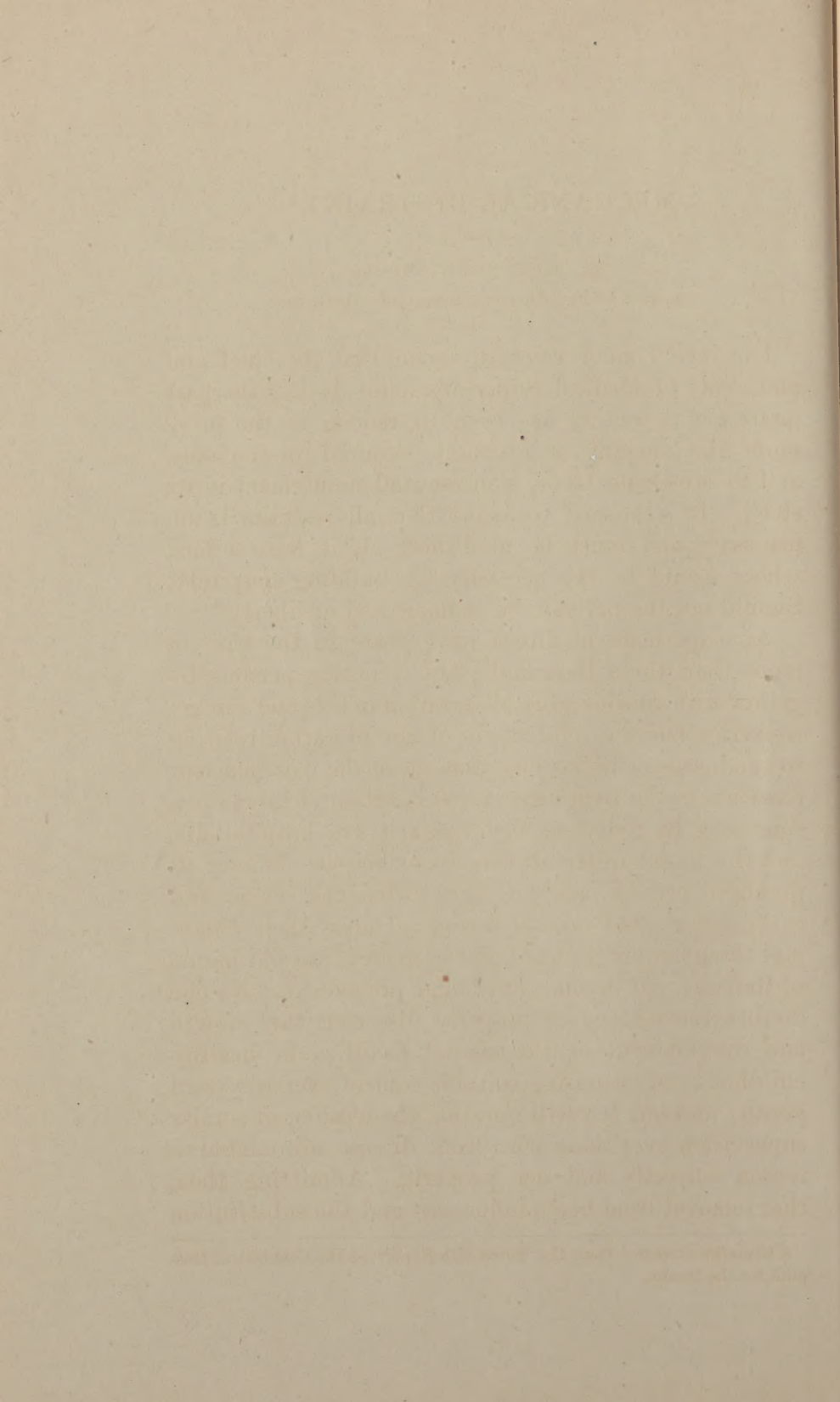
SHEW (A. M.)

Mechanical Restraint.

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By A. M. SHEW, M. D.,
Superintendent Connecticut Hospital for the Insane.

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[From the *American Journal of Insanity*, for April, 1879.]





MECHANICAL RESTRAINT.*

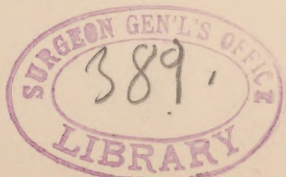
BY A. M. SHEW, M. D.,

Superintendent Connecticut Hospital for the Insane.

I believe I am correct in saying that the chief aim and study of Medical Superintendents during the past quarter of a century has been to reduce to the minimum the amount of restraint required in asylums, and to substitute labor, exercise and amusement in its stead. It is absurd to assert that all restraint is unnecessary and must be abolished. If it were a fact, where would be the necessity for building hospitals? Should not the patients be at home and at liberty?

An experience of fifteen (15) years in the care of more than three thousand (3,000) insane persons, together with considerable observation in this and foreign countries, and a careful study of the literature relating to the insane, convinces me that one of the most efficient elements in the treatment and restoration of insane persons may be found in the regularity of hospital life, and the moral restraint therein exercised. Nearly all deranged persons lack will force to balance, correct and control perverted mental action. Unless their abnormal thoughts are directed and corrected, morbid habits of thought will become fixed and permanent. No one doubts the efficacy of properly directing the growth and development of the mental faculties in healthy childhood; of exercising suitable control over wayward youth; and but few will question the wisdom of similar supervision over those who, from disease, are unable to reason correctly and act properly. Admitting then, that removal from home influences and the substitution

* Remarks extracted from the Thirteenth Report of the Connecticut Hospital for the Insane.



of properly directed control at a hospital, is advantageous and necessary in a majority of cases, (not all), let us for a moment inquire how far this supervision can be confined to purely moral means. In other words is it ever necessary to resort to mechanical restraints in the treatment of the insane?

This is one of those questions which can not be answered by a simple affirmative or negative. A few years ago, (not now), the English alienist would unhesitatingly have answered, mechanical methods of control are unnecessary. At the same date the American alienist conscientiously believed that some forms of mechanical protection were absolutely required in hospital practice.

Paradoxical as it may seem, both of these positions were untenable. Here, as in other debatable questions, the extremes were not correct. Experience has shown, on the one hand, that asylums can be conducted without mechanical appliances; and, on the other, that there are some insane patients who are more humanely restrained, who make quicker and better recoveries, at less expense and trouble, when controlled by mild mechanical appliances, than when subjected to the seclusion of padded rooms or personal holding by attendants, under the so-called "Non-Restraint" system introduced by Hill or Connolly into the English asylums. The result has been a modification of views on both sides, and the thoughtful, conscientious alienist of to-day exercises a more healthy supervision over his patient by following neither the one extreme or the other, but a happy mean. It is a fact easily substantiated by statistics, that during the past ten (10) years American superintendents have steadily lessened the amount of mechanical restraint in hospital use, until now ninety (90) of every one hundred (100) patients

sent to the hospitals return to their homes restored, or remain at the institution in a condition of chronic insanity, without having been subjected to any form of mechanical restraint. It is only used in extreme cases of acute disease, where repose in bed is considered indispensable, or for protection in well pronounced homicidal or suicidal patients. Some American alienists conduct their institutions without even making use of any appliance other than careful watching and medicinal agencies. Dr. H. P. Stearns, in his report of the Hartford Retreat for the year 1877, on page 27 uses the following language:—"They (waistcoats, wristlet, camisoles, manacles, muffs, etc.), are eminently unscientific, and should be dispensed with *as far as possible*. It has been my aim to carefully and earnestly study each case coming under my observation with this in view, and I am happy to be able to report that we have succeeded in passing the year without the use of any of these means of mechanical restraint."

In my recent brief visit to European institutions I saw in use the same mechanical appliances that are found in American hospitals, viz.: camisole waists, leather wristbands and "protection beds;" and in one asylum the shower-bath—a form of "mechanical medication" which I have not found in any American asylum—was in daily use, with good results, according to the testimony of the assistant physician. With one exception, the medical officers in charge of British asylums conversed with me freely respecting the moderate use of mechanical protection in preference to personal seclusion, or manual restraint by attendants. The impression gained by these interviews and personal inspection of institutions, confirmed the statement already made, viz.: that during the past few years a strong and general reaction in favor of the moderate use of

mechanical protection in the treatment of the insane had taken place. This is conclusively shown in the published statements of leading foreign alienists. Thus Dr. Blandford, in his excellent manual for students, says:—"At the suggestion of the Commissioners in Lunacy, I have employed mechanical restraint." A leading article in the *Medical Times*, on "The Insane and their Management," referring to acute maniacs, insane epileptics, and general paralytics, declares "restraint in some form or other is necessary." Among other well-known names of those who approve of the use, in certain exceptional cases, of some simple form of mechanical restraint, may be mentioned Dr. W. A. F. Browne, the late Dr. Forbes Winslow, Dr. Murray Lindsay and Dr. Ashe, of Dublin.

In an article on "The Theory and Practice of Non-Restraint in the Treatment of the Insane," published in the *Edinburgh Medical Journal*, April and June, 1878, Dr. W. Lauder Lindsay, Superintendent of the Murray Royal Institution, at Perth, says:—"Among the general results of my own observation, correspondence and reading are these: The use of mechanical restraint is advocated by at least ninety (90) per cent of physicians engaged in lunacy practice throughout the world. Mechanical restraint forms an occasional feature of treatment in those asylums which have the noblest history and the highest reputation. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane."

I have asked your indulgence in making the foregoing remarks respecting restraint, because I believe the public have been misled by some recent American writers and teachers, who have apparently endeavored to compliment the foreign, especially the English asylums, at the expense of our own institutions. After

many years' experience in the one, and no inconsiderable freedom in visiting the other, I would remark:—

1st. That the foreign institutions are more substantially constructed than our own; or, in other words, that the buildings cost more. This is seen in the stone floors, and fire-proof stairways, and thick walls, and turreted roofs.

2d. The foreign asylums are not so well furnished as the American, and there is less of the home-like, comfortable appearance which many of our institutions have.

3d. Less attention is paid to heating and ventilation. Many of the English asylums have simply old-fashioned fire-places, protected by iron cages; and one superintendent told me frankly that he knew nothing about ventilation or its principles—"that belonged to the engineer."

4th. The same forms of mechanical restraint are in use in both countries. The only difference seems to be that in England they "abolish the name but retain the thing—restraint—while here we retain the name, but virtually abolish the thing." In confirmation of this statement, I would simply mention the fact that at Hanwell, near London, the scene of Connolly's labors, I saw more in the way of "bolts and bars," "coercion and confinement," in one day, than can be found in this institution in any ten days. And the babel of noise and confusion in one of the male wards exceeded anything in my previous experience. From the moment I had passed the well-guarded lodge, by permission of the uniformed gate-keeper, through the locked front door, had waited twenty minutes in the large, uncarpeted and sparsely furnished visitors' room, until a uniformed turnkey was ready to accompany me through

the wards, halls, kitchen and store-rooms, an uncomfortable feeling of restraint and utter helplessness took possession of me, and remained with me until I was once more outside the high walls. It was the same sort of feeling that one experiences in visiting a penal institution. Yet this was Hanwell, the scene of Connelly's life-work; an institution which has been held up as a model to be copied, and about which so much has been written.

Perhaps I have said enough to indicate that I am an advocate of the moderate use of mechanical protection in the treatment of the insane, or, in other words, to employ or apply what I consider the "*best thing for a given patient under given circumstances*," without reference to the creeds of other people. Each case is studied individually. It would be unwise to restrain nineteen (19) of every twenty (20) patients, because they do not require it. It would be equally unwise *not* to restrain the twentieth, who is destructive, dangerous and turbulent. Safety and moral discipline require it no less than the general good of the large majority who are quiet and orderly.

This properly brings me to speak of the results attained in this institution. By our system of daily reports we are able to record the exact number of hours or days and the form of restraint to which any patient is subjected, and the reason for it. From these tabulated reports it appears that only thirty-two (32) out of three hundred and thirty-five (335) males were subjected to any form of seclusion or restraint, and the whole time amounted to only five hundred and ninety-six and one-fourth (596 1/4) days, or to express it in another way would be to state that one man was restrained all the year, and another seven (7) months and twenty-one (21) days. This is the sum total of

restraint among men with a daily average present of 236.11.

In my last annual report I stated that insane women, from habit and inclination, take less out-door exercise, are by nature more "nervous," and consequently require more attention and restraint than men. Among the chronic insane there seems to be also a greater propensity to destroy clothing and to expose the person. Hence our tables show that more individuals of this sex were restrained or in seclusion; and the whole time amounted to eighteen hundred and eighty-six (1,886) days. Using the same form of statement as above, it appears that five women were secluded or in restraint all the year, and one other for two months and one day, with a daily average of 238.06.

Among the most common causes for its application I would mention extreme mischievousness, determination to disrobe, repeated attempts at homicide, repeated attempts at suicide, maniacal excitement, masturbation, and destruction of clothing. One male patient was slowly but surely wasting his enfeebled frame by persistently standing. Here we found a covered bed, or as it has been unjustly called, "the Utica Crib," of not only practical service, but a real necessity. In this covered bed the patient could be comfortably kept in a horizontal position on a soft mattress, entirely free from other restraint."

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